



CALIFORNIA INTEGRATED WASTE MANAGEMENT BOARD
ENFORCEMENT AGENCY
COMPLAINT FORM

Referring Agency:			
Name of Complainant:		Phone Number:	
Address:		City:	Zip Code:

Date Complaint Received:		Date Violation Observed:	
Violation (Specify the standard violated):			
Complaint:	<input type="checkbox"/> Written (Attach copy of complaint)	<input type="checkbox"/> Verbal	

Facility Name:			
SWIS #:			
Facility Address:		City:	Zip Code:

Site Type:	<input type="checkbox"/> Illegal Disposal	<input type="checkbox"/> Landfill	<input type="checkbox"/> Transfer Station	<input type="checkbox"/> Processing Facility	<input type="checkbox"/> Composting Facility
	<input type="checkbox"/> CIA Site	<input type="checkbox"/> Other			

Enforcement Action Taken:	

Narrative:	

Follow-up/Recommendation:	

Local Agency Contacted (if applicable):	<input type="checkbox"/> Health Dept.	<input type="checkbox"/> Public Works	
Representative Contacted:		Date:	Time:

EA Section Representative:		Phone Number:	
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